

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, January 18, 2019 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Director Mary Driscoll, RN, MPH (2)

Board Chair M. Hill Hammock (ex-officio) and Directors Heather M. Prendergast, MD, MS, MPH and Mary B. Richardson-Lowry

Karen Kim, MD and Patricia Merryweather (Non-Director Members)

Telephonically

Present: Patrick T. Driscoll, Jr. (Non-Director Member)

Absent: Director Layla P. Suleiman Gonzalez, PhD, JD (1)

Additional attendees and/or presenters were:

Debra Carey – Deputy Chief Executive Officer,
Operations

Trevor Lewis, MD – John H. Stroger, Jr. Hospital
of Cook County

Kent Ray – Associate General Counsel

Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer

Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

B. Metrics (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were no appointments/reappointments presented for the Committee's consideration.

IV. Action Items (continued)

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #2)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented the medical staff appointments/reappointments/changes for the Committee's consideration. He reminded the Committee that the annual meeting of the Medical Staff will be held on January 22nd at 4:00 P.M.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, was unable to attend the meeting.

Director Driscoll, seconded by Chair Gugenheim, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Driscoll, seconded by Chair Gugenheim, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, December 14, 2018

Director Driscoll, seconded by Chair Gugenheim, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of December 14, 2018. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and VI

V. Recommendations, Discussion / Information Item

A. Strategic planning discussion: Quality Measures (Attachment #3)

Dr. Wyatt provided an overview of the presentation, which included information on the following subjects:

- Definition of Health Care Quality
- Meaningful Measures – Framework, Goals and Objectives
- Most Critical Measures Areas
- Aim: Promote Effective Prevention and Treatment of Chronic Disease
- Centers for Medicare and Medicaid Services (CMS) Star Ratings – Measures and Data
- Star Quality Action Plan
- Star Quality Steering Committee
- CMS Measure Focused Finding Workgroup
- Proposed Structure
- Next Steps

V. Recommendations, Discussion / Information Item

A. Strategic planning discussion: Quality Measures (continued)

During the review of the measures and data, Board Chair Hammock recommended that the column in the data charts that show the comparison to national mean should instead reflect whether Stroger Hospital's results are better or otherwise than the national mean, rather than "above" or "below."

Following the discussion, Board Chair Hammock observed that this is a great programmatic approach; however, he did not hear a lot about financial impact. He thinks the organization has to be realistic in the following two (2) ways: 1) each initiative needs to have a candid cost benefit review; and 2) in cooperation with the Chief Financial Officer, the administration should determine a sum of money that could be used to fund key initiatives, and get that on the budget prospect for the year.

VI. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Claims, Litigation and Quality and Patient Safety Matters**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**

The Committee did not recess into a closed meeting.

VII. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

Request: A request was made regarding the column in the strategic planning presentation data charts that show the comparison to national mean - they should instead reflect whether Stroger Hospital's results are better or otherwise than the national mean, rather than "above" or "below." Page 3

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
Friday, January 18, 2019

ATTACHMENT #1

QPS Quality Dashboard

January 18, 2019



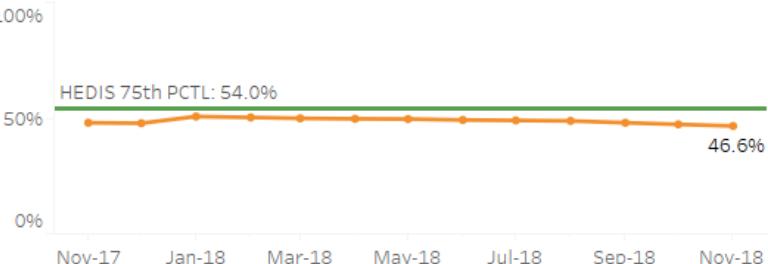


COOK COUNTY HEALTH

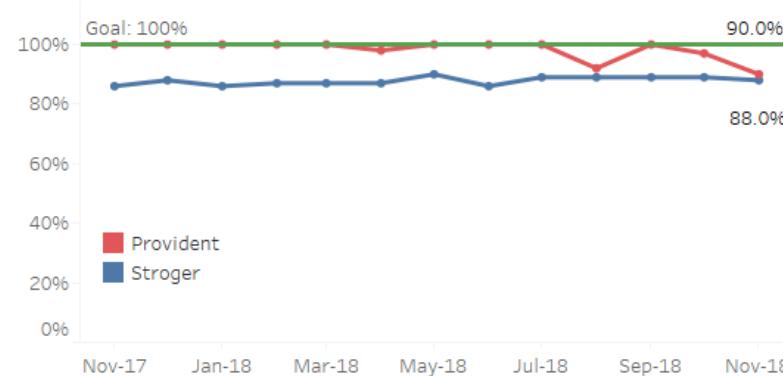
Quality
Dashboard
January 18, 2019

Health Outcomes

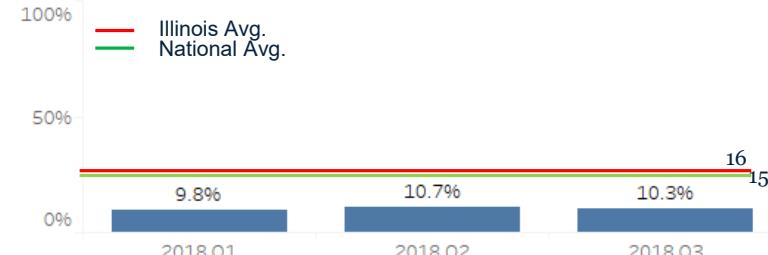
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention



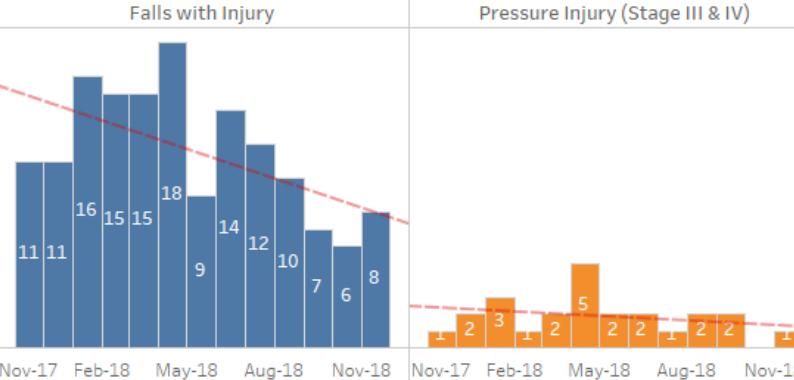
30 Day Readmission Rate



Patient Safety

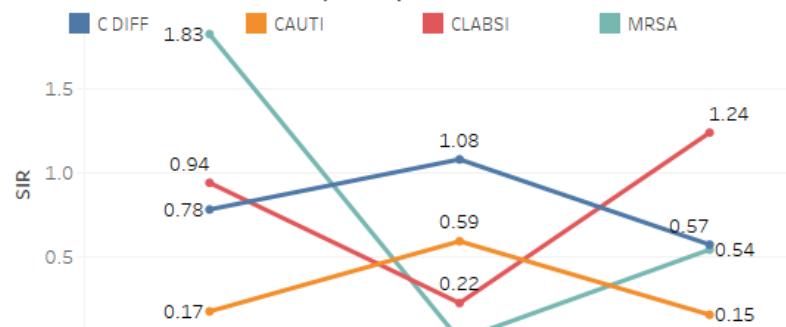
Hospital Acquired Conditions

Falls with Injury



Pressure Injury (Stage III & IV)

Hospital Acquired Infections

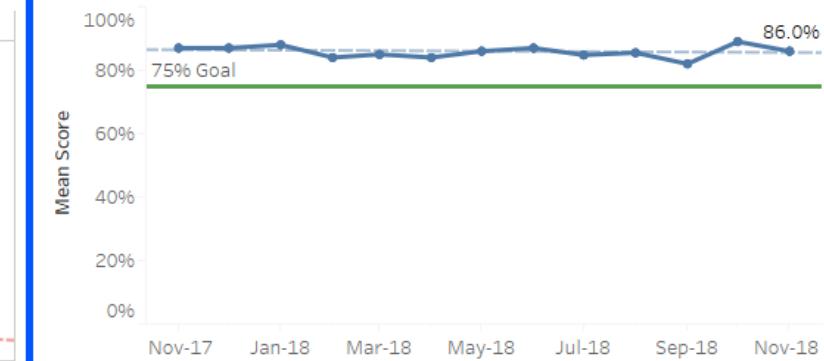


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
CDIFF	6	5	2	6	11	4	5	4	2	10	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1
CLABSI	2	1	1	0	1	0	2	3	0	0	0
MRSA	2	0	1	0	0	0	0	1	0	0	1

Utilization

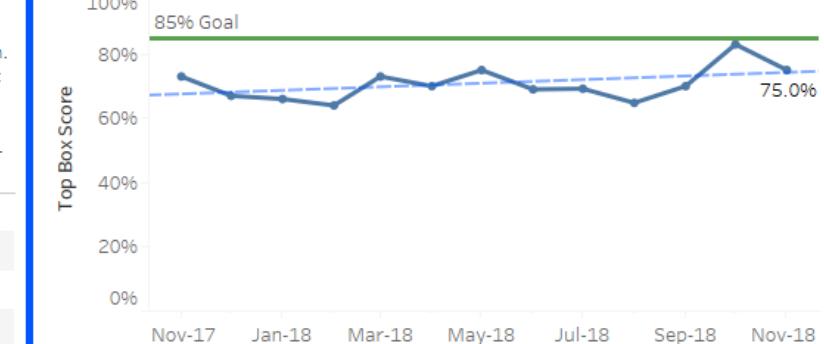
CCHC--Overall Clinic Assessment



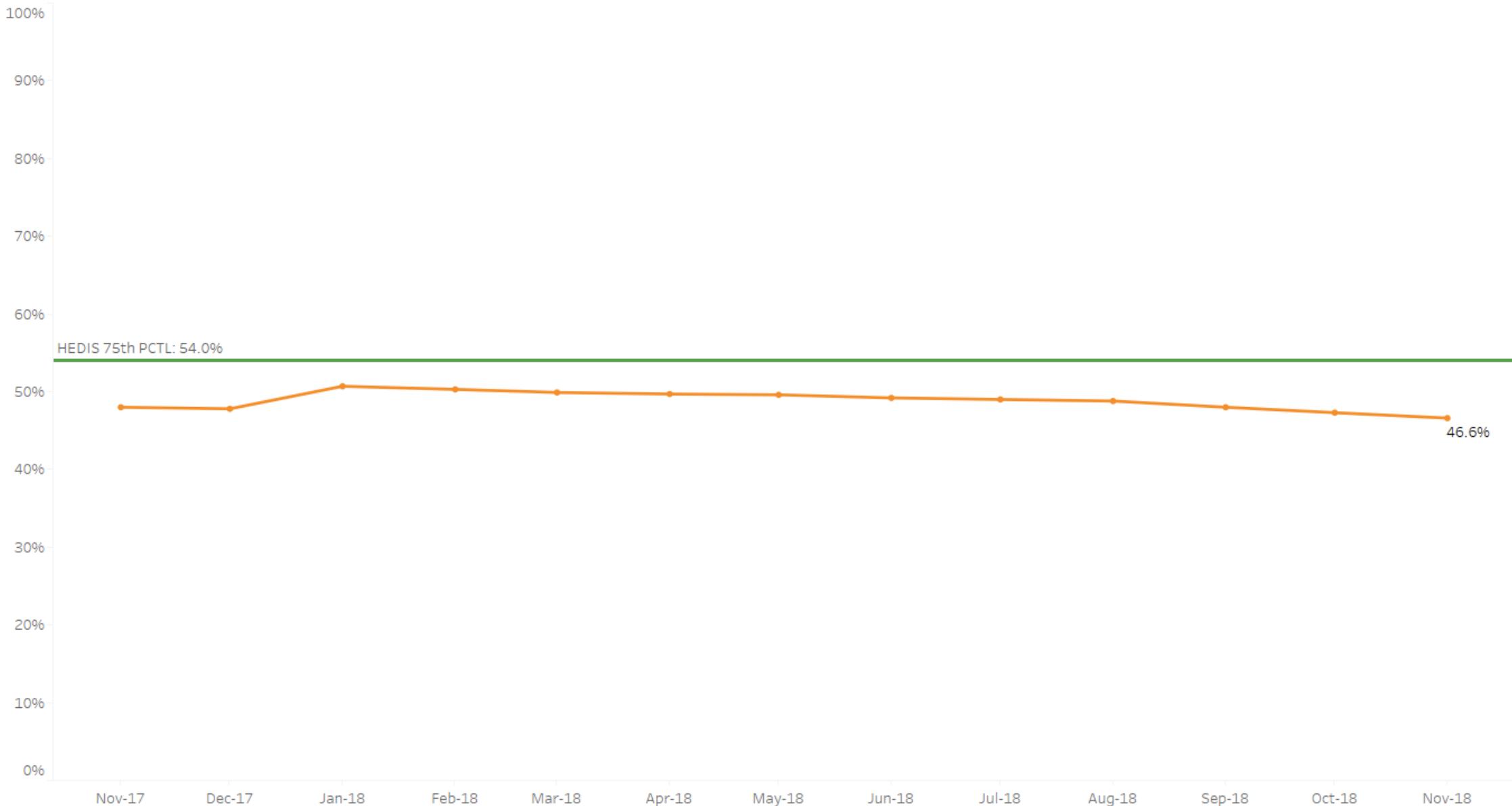
Provident--Willingness to Recommend Hospital



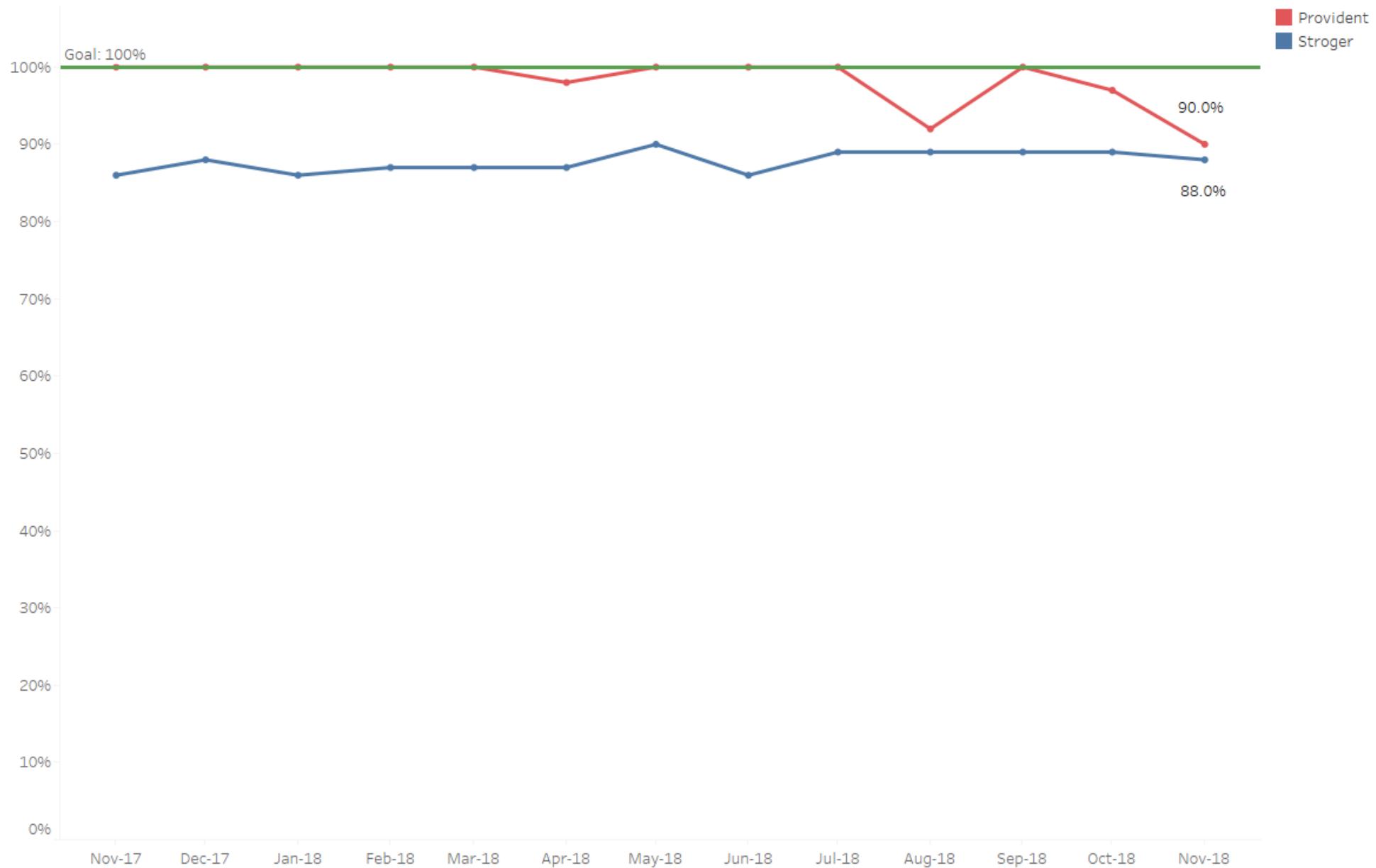
Stroger--Willingness to Recommend Hospital



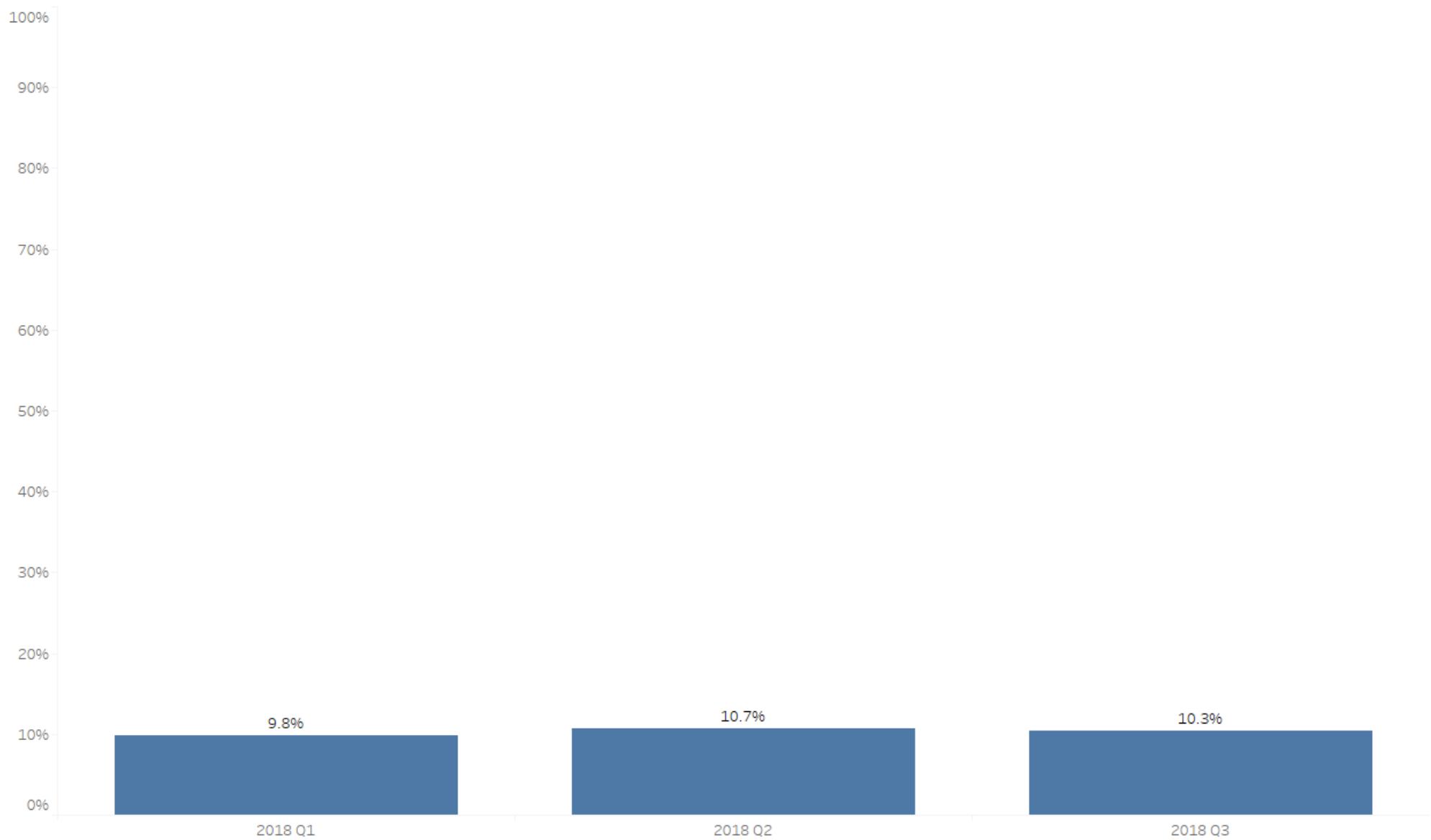
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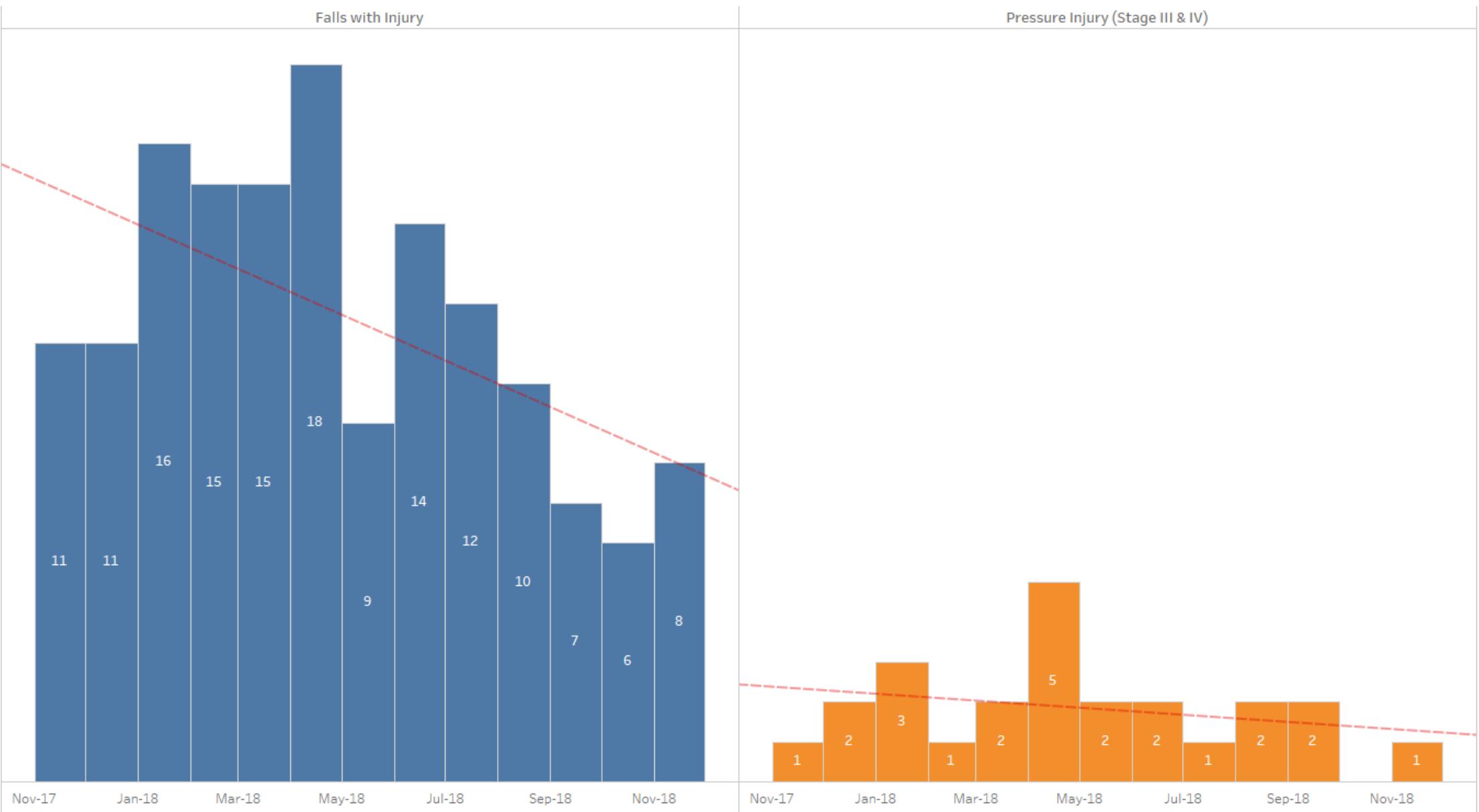
Core Measure - Venous Thromboembolism (VTE) Prevention



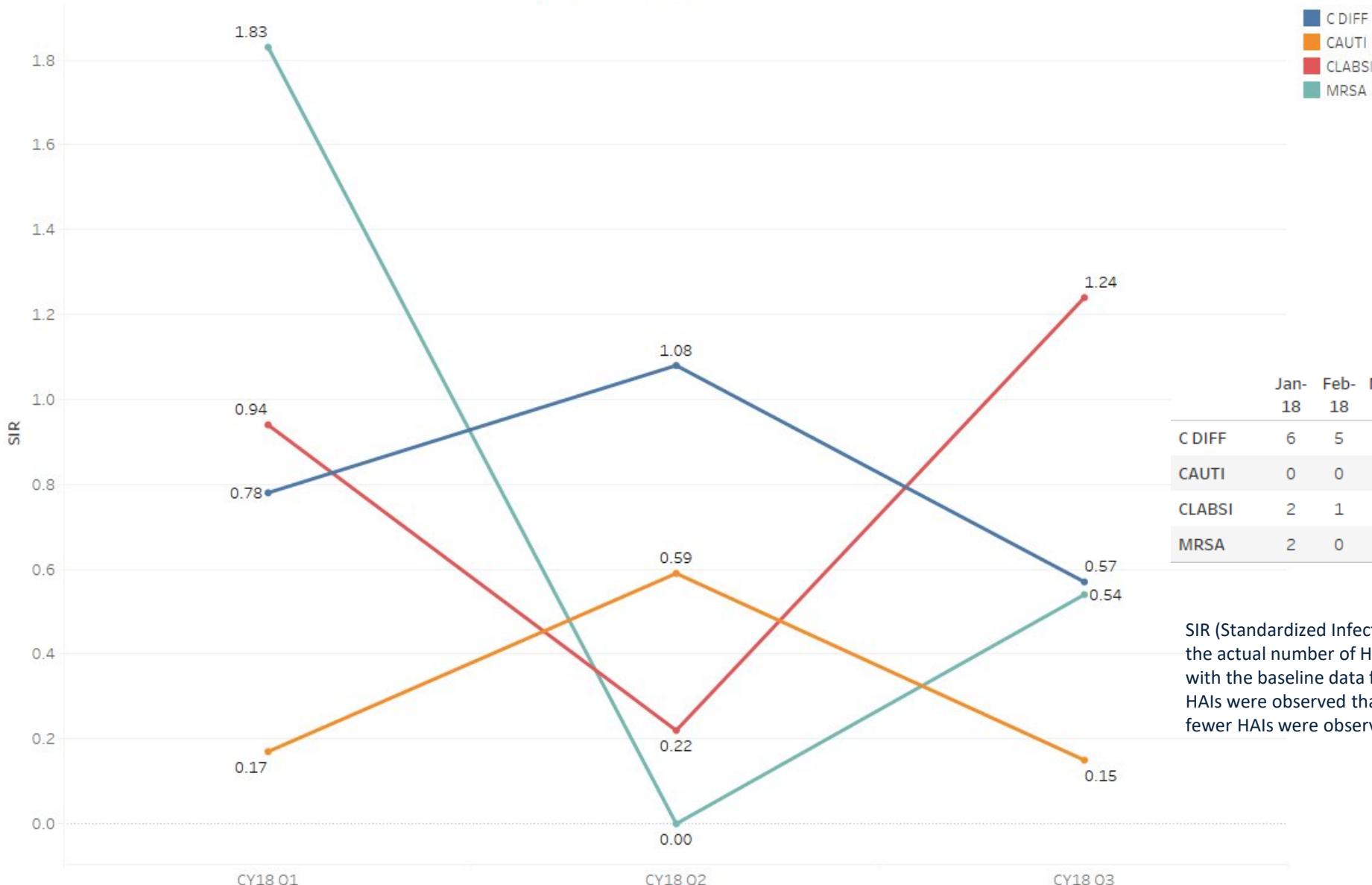
30 Day Readmission Rate



Hospital Acquired Conditions



Hospital Acquired Infections



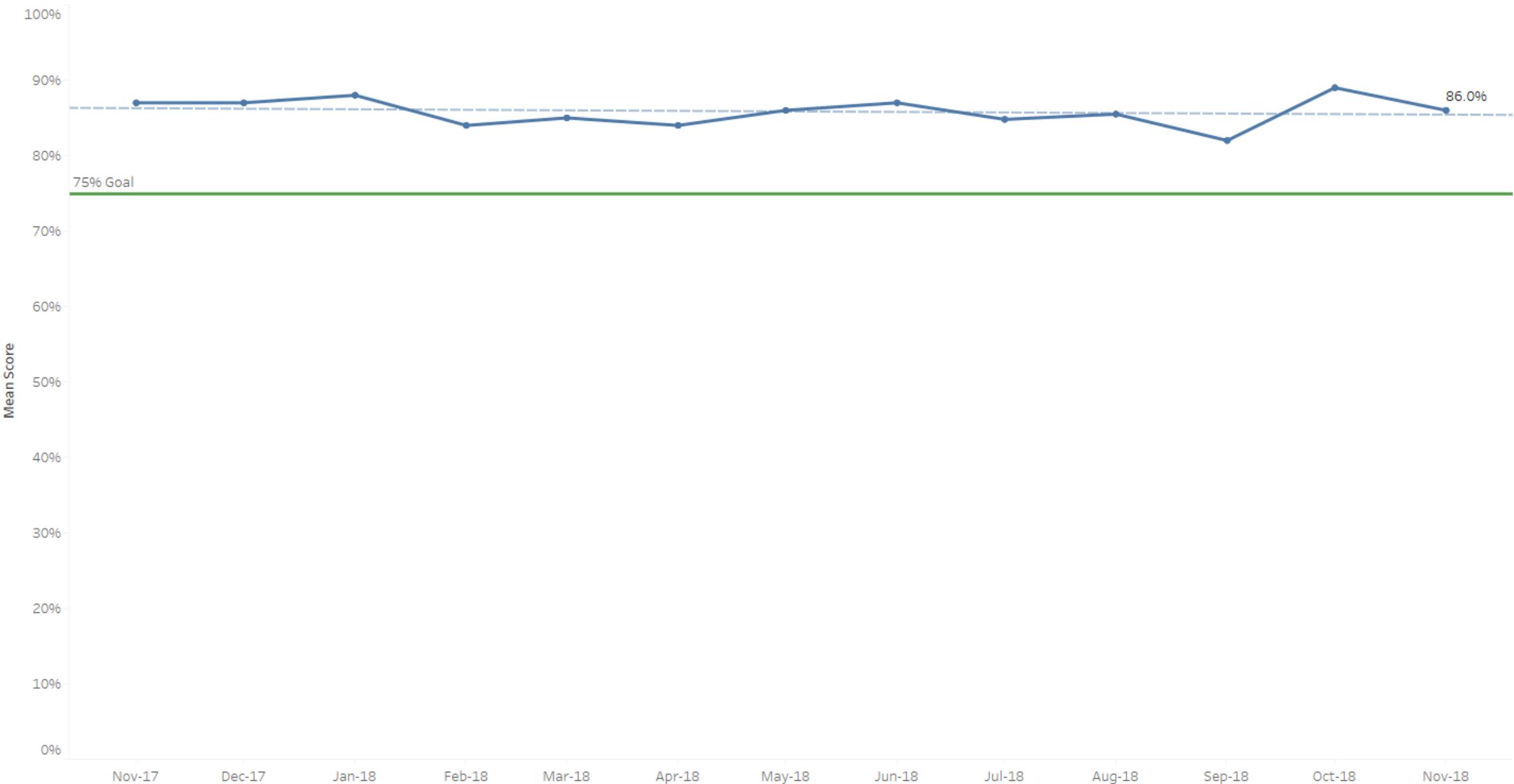
Hospital Acquired Infections

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
C. difficile	6	5	2	6	11	4	5	4	2	10	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1
CLABSI	2	1	1	0	1	0	2	3	0	0	0
MRSA	2	0	1	0	0	0	0	1	0	0	1

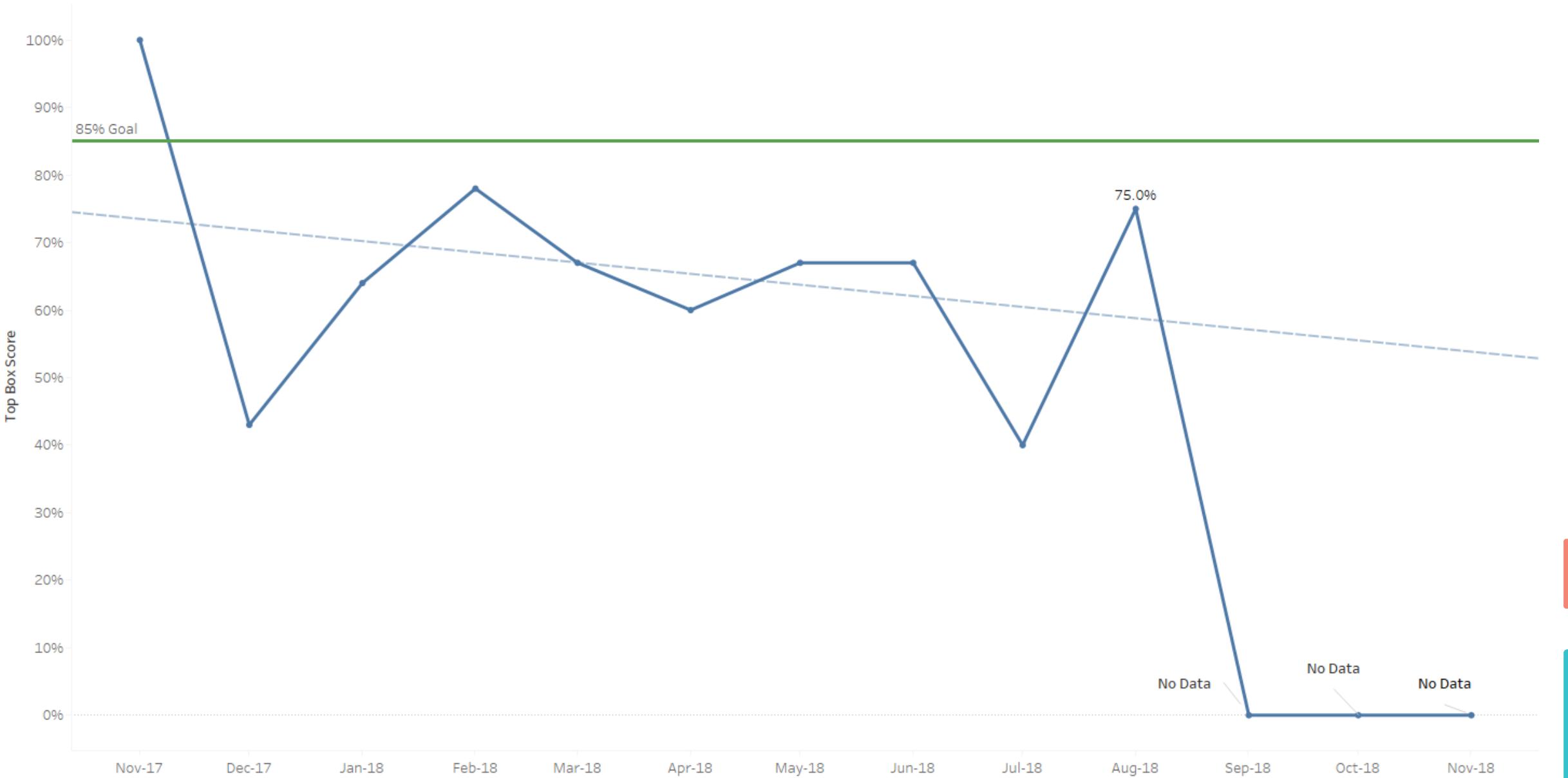
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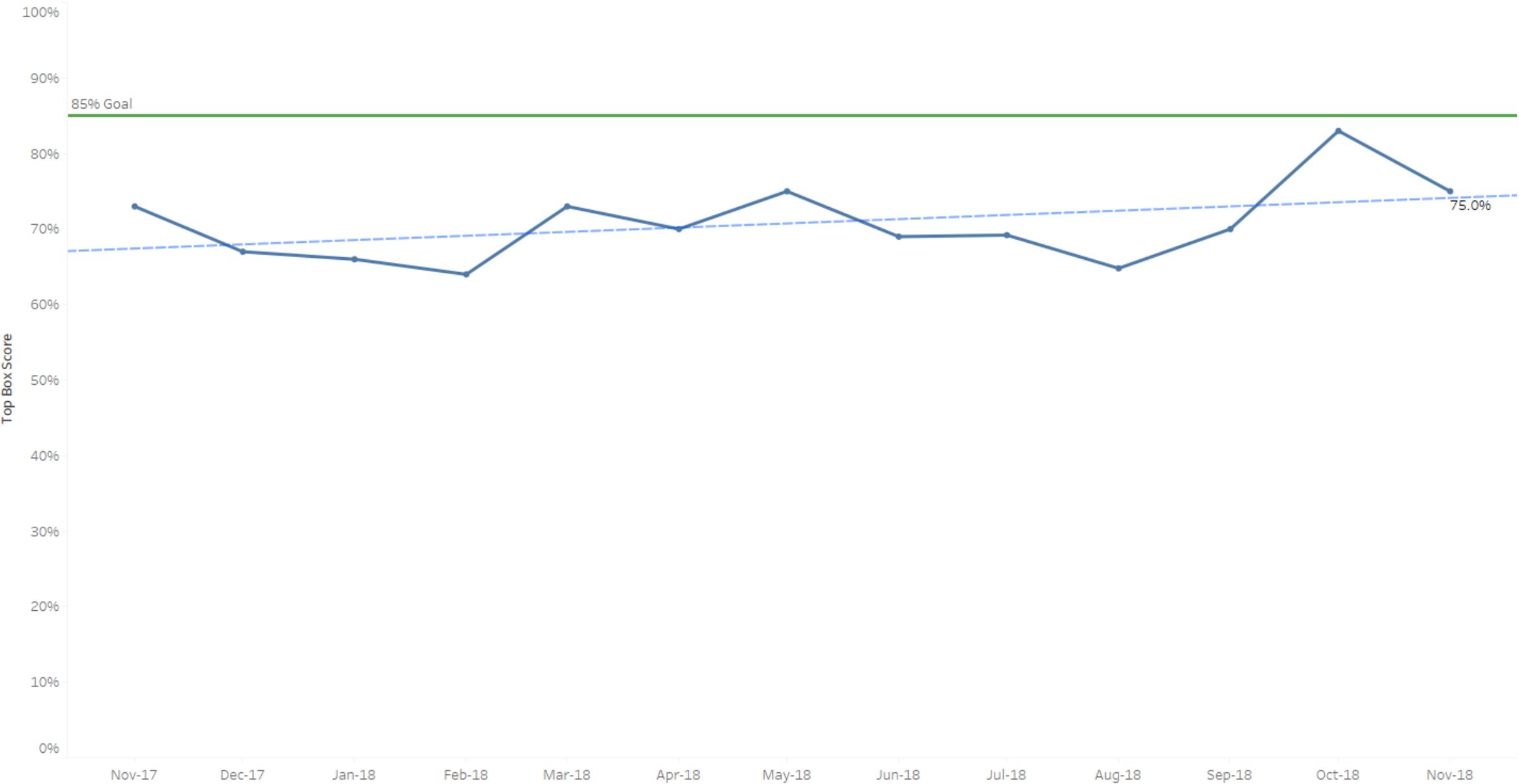
CCHC--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
Friday, January 18, 2019

ATTACHMENT #2



Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deb Santana
Secretary to the Board
Cook County Health

Date: January 11, 2019

Dear Members of the Quality and Patient Safety Committee of the CCH Board,

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County, approved the attached list of medical staff action items via electronic poll January 11, 2019, for your consideration. Thank you.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "T. Lewis".

Trevor Lewis, MD
President, Executive Medical Staff

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee.**

Medical Staff Appointments/Reappointments Effective January 18, 2019 Subject to Approval by the CCHHS Quality and Patient Safety Committee.

Initial Applications Physicians:

Name	Category	Department / Division	Appointment Term
Hirshfeld, Meredith MD	Active	Family Medicine	January 18, 2019 through January 17, 2021
Rivera, Luis MD	Active	Family Medicine	January 18, 2019 through January 17, 2021
Stewart, John H., MD	Consulting	Surgery/Surgical Oncology	January 18, 2019 through January 17, 2021


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ON JANUARY 18, 2019

Reappointment Applications Physicians:**Department of Anesthesiology:**

Name	Category	Division	Reappointment Term
Joseph, Antony MD	Active		March 24, 2019 through March 23, 2021

Department of Correctional Health:

Name	Category	Division	Reappointment Term
Dawalibi, Salim MD	Active	Med/Surg	February 13, 2019 through February 12, 2021
Paul, Reena MD	Active	Med/Surg	February 13, 2019 through February 12, 2021

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Dixie, Dora MD	Active		February 21, 2019 through February 20, 2021
Floyd, Gail MD	Active		February 17, 2019 through February 16, 2021
Smith, Nora MD	Active		February 28, 2019 through February 27, 2021
Vydas, Hector, MD	Active		February 28, 2019 through February 27, 2021
Loafman, Mark, MD	Active		March 17, 2019 through March 16, 2021

Department of Medicine

Name	Category	Division	Reappointment Term
Clapp, Williams, MD	Active	PCCM	March 18, 2019 through March 17, 2021
Datta, Swati, MD	Active	Internal Medicine	March 18, 2019 through March 17, 2021
Dworkin, Mark, MD	Consultant	Infectious Disease	February 25, 2019 through February 24, 2021
Manikkan, Ajayda, MD	Active	Hospital Medicine	March 13, 2019 through March 12, 2021
Sigamony, Ranjit, MD	Active	General Medicine	January 18, 2019 through January 17, 2021
Tulaimat, Aiman, MD	Active	PCCM	March 18, 2019 through March 17, 2021


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 ON JANUARY 18, 2019

Department of OB/Gyn :

Name	Category	Division	Reappointment Term
Pelta, Murray MD	Voluntary	Family Planning	January 22, 2019 through January 21, 2021
Patel, Ashlesha MD	Active	Ob/Gyn	April 21, 2019 through April 20, 2021

Department of Oral Health:

Name	Category	Division	Reappointment Term
Alexander, Jorelle DMD	Active		March 13, 2019 through March 12, 2021
Blaney, Rodney DMD	Active		March 17, 2019 through March 16, 2021

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Kalinowski, Valerie MD	Voluntary	Critical Care	February 28, 2019 through February 27, 2021
Suleiman, Khai MD	Consulting	Neonatology	February 28, 2019 through February 27, 2021

Department of Radiology:

Name	Category	Division	Reappointment Term
Feng, Chun MD	Active	Diagnostic	February 24, 2019 through February 23, 2021

Department of Surgery:

Name	Category	Division	Reappointment Term
Adenwalla, Mohamed K., MD	Consulting	Ophthalmology	March 17, 2019 through March 16, 2021
Chaudhry, Vivek, MD	Active	Colon/Rectal	February 19, 2019 through February 18, 2021
Massad, Malek G., MD	Consulting	Cardiothoracic	February 17, 2019 through February 16, 2021

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ON JANUARY 18, 2019**

Department of Trauma:

Name	Category	Division	Reappointment Term
Dysico, Gerard MD	Active	Physical Med & Rehabilitation	February 23, 2019 through February 22, 2021

Medical Staff Additional Clinical Privileges:

Name	Department/ Division	Discussion
Zahedi, Rubina MD	Radiology	Adding Nuclear Medicine

Initial Application for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Oguntoba, Segun CNP	Nurse Practitioner	Pediatrics/Endocrinology	January 18, 2019 through January 17, 2021

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Argueta, Alejandra PA-C	Physician Assistant	Emergency Medicine	March 17, 2019 through March 16, 2021
Brooks, Cicely PA-C	Physician Assistant	Correctional Health-Med/Surg	January 19, 2019 through January 18, 2021
McBride, Diana, CNP	Nurse Practitioner	Medicine/Infectious Disease	February 17, 2019 through February 16, 2021
Micci, Sandra PA-C	Physician Assistant	OB/Gyn	January 26, 2019 through January 25, 2021
Sheehan, Megan CRNA	Cert. Nurse Anesthetist	Anesthesiology	March 17, 2019 through March 16, 2021
Sims, Kevin PA-C	Physician Assistant	Correctional Health-Med/Surg	March 17, 2019 through March 16, 2021
Wolfinger, Richard PA-C	Physician Assistant	Emergency Medicine	March 17, 2019 through March 16, 2021

Non-Physician Agreements Changes/Additions:

Name	Category	Department
Digiacomo, Marie, CNP	Nurse Practitioner	Surgery/Pediatric Surgery
Rogers, Ollie, CNP	Nurse Practitioner	Medicine/Infectious Disease


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ON JANUARY 18, 2019



COOK COUNTY
HEALTH

Toni Preckwinkle
President, Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

January 4, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on January 4, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,



Valerie Hansbrough, MD
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Valerie Hansbrough, MD
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on
1/4/2019

Medical Staff Appointments/Reappointments Effective January 18, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business

Reappointment Applications Physicians:

Department of Anesthesiology:			
Name	Category	Department/Specialty	Appointment Term
Joseph, Antony, MD	Affiliate	Anesthesiology	March 24, 2019 thru March 23, 2021

Department of Family Medicine:

Name	Category	Department/Specialty	Appointment Term
Dixie, Dora, MD	Affiliate	Family Medicine	March 24, 2019 thru March 23, 2021
Loafman, Mark, MD	Affiliate	Family Medicine	February 17, 2019 thru February 16, 2021

Department of Internal Medicine:

Name	Category	Department/Specialty	Appointment Term
Clarke, Peter, M., MD	Affiliate	Internal Medicine	March 24, 2019 thru March 23, 2021
Datta, Swati, DO	Affiliate	Internal Medicine	March 23, 2019 thru March 22, 2021
Dixon, Kimberly, MD	Affiliate	Internal Medicine	March 24, 2019 thru March 23, 2021

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APPROVED

Q

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 18, 2019

Medical Executive Committee Report to Quality and Patient Safety Committee**1/4/2019****Page 2 of 2**

Dorman, James, MD	Affiliate	Internal Medicine	March 20, 2019 thru March 19, 2021
Edosomwan, Magnus E., MD	Affiliate	Internal Medicine	March 15, 2019 thru March 14, 2021
Kudaravalli, Padma, MD	Affiliate	Internal Medicine	March 23, 2019 thru March 22, 2021
Licht, Sherry G., MD	Affiliate	Internal Medicine	March 24, 2019 thru March 23, 2021
Mahapatra, Ena, MD	Affiliate	Internal Medicine	March 24, 2019 thru March 23, 2021
Norlock, Frances, DO	Affiliate	Internal Medicine	March 24, 2019 thru March 23, 2021
Tulaimat, Aiman, MD	Affiliate	Pulmonary	March 18, 2019 thru March 17, 2021

Department of Radiology:

Name	Category	Department/Specialty	Appointment Term
Feng, Chun, MD	Affiliate	Diagnostic Radiology	February 24, 2019 thru February 23, 2021

Provisional To Full:

Name	Department/ Division	Recommendation
Joseph, Antony, MD	Anesthesiology	Approved.

Membership Category Change:

Name	Current Category	New Category	Effective Date/Term	Recommendation
Moy, James, MD	Affiliate	Voluntary	January 1, 2019 thru October 20, 2019	Approved.

Additional Privileges:

Name	Department	Category	Recommendation
Dwarakanathan, Surendar, MD	Surgery	Affiliate	Approved.

Revision of Privilege Form:

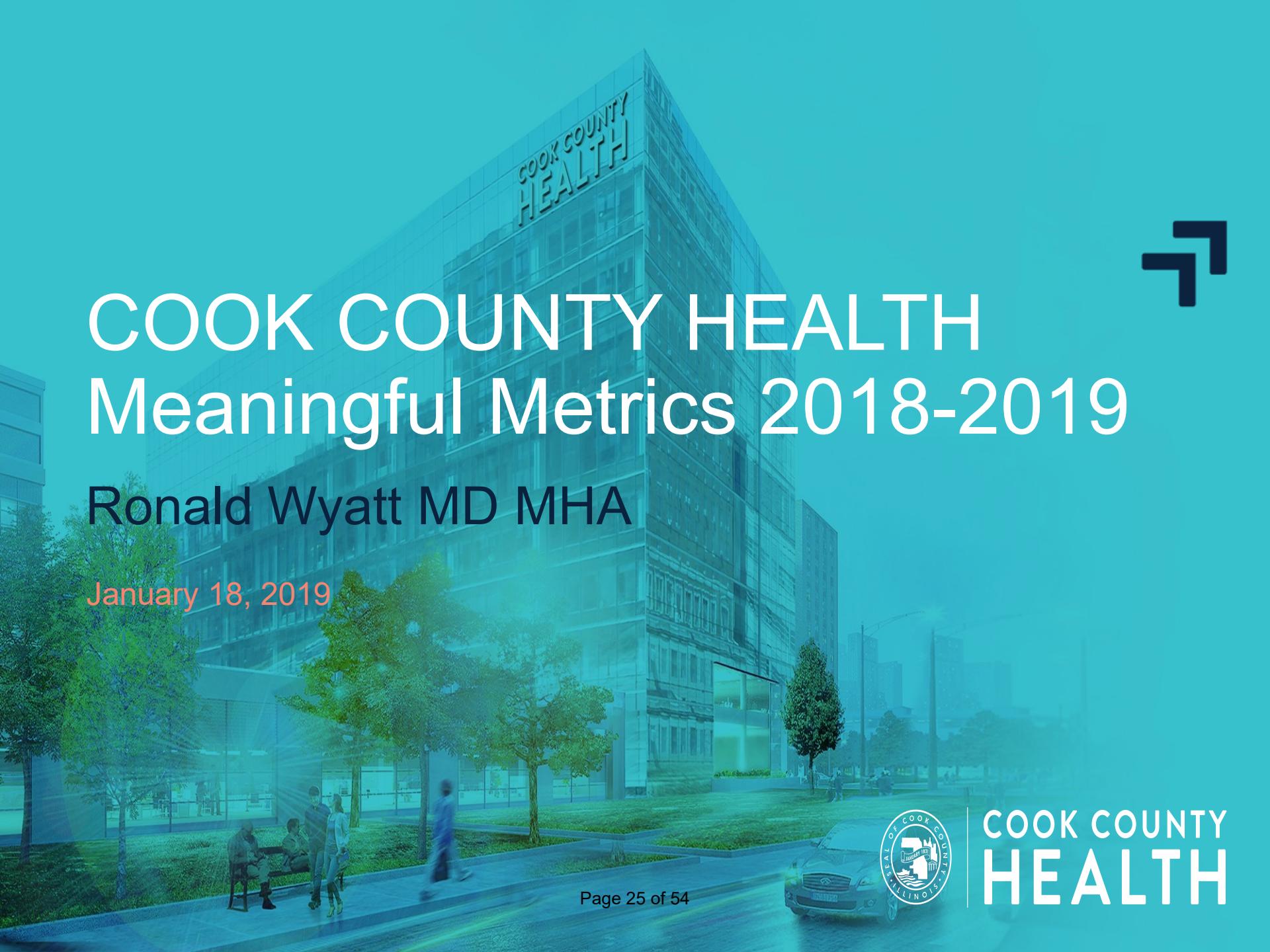
Department	Privileges Requesting	Recommendation
Urology Surgery	Addition of Outpatient Section	Approved.

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ON JANUARY 18, 2019

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
Friday, January 18, 2019

ATTACHMENT #3



COOK COUNTY HEALTH

Meaningful Metrics 2018-2019

Ronald Wyatt MD MHA

January 18, 2019



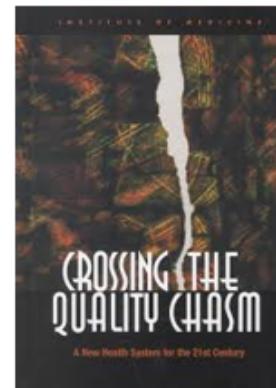
Definition of Health Care Quality

“the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with professional knowledge” (IOM, 2001, p. 44).

The six dimensions of quality are:

- **Safety:** Avoiding injuries to patients from the care that is intended to help them.
- **Effectiveness:** Providing services based on scientific knowledge to all who could benefit and refraining from services to those not likely to benefit.
- **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timeliness:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficiency:** Avoiding waste of equipment, supplies, ideas, and energy.
- **Equity:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Source: IOM, 2001. p. 5-6; NASEM, 2018, p. 36.
Page 26 of 54



Meaningful Measures



Meaningful Measures Framework

Meaningful Measure Areas Achieve:

- ✓ High quality healthcare
- ✓ Meaningful outcomes for patients

Criteria meaningful for patients and actionable for providers

Draws on measure work by:

- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality



Quality Measures

Meaningful Measures



Meaningful Measures Goals

Empower patients and doctors to make decisions about their health care



**Meaningful
Measures:
Guided by
Four Strategic
Goals**

Support innovative approaches to improve quality, accessibility, and affordability



Usher in a new era of state flexibility and local leadership

Improve the CMS customer experience

Meaningful Measures Objectives



Address high-impact measure areas that safeguard public health



Are patient-centered and meaningful to patients, clinicians and providers



Are outcome-based where possible



Fulfill requirements in programs' statutes



Minimize level of burden for providers



Identify significant opportunity for improvement



Address measure needs for population based payment through alternative payment models



Align across programs and/or with other payers

The Most Critical Measures Areas



Promote Effective Communication & Coordination of Care

Meaningful Measure Areas

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability



Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality



Work With Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas

- Equity of Care
- Community Engagement



Make Care Affordable

Meaningful Measure Areas

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care



Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes



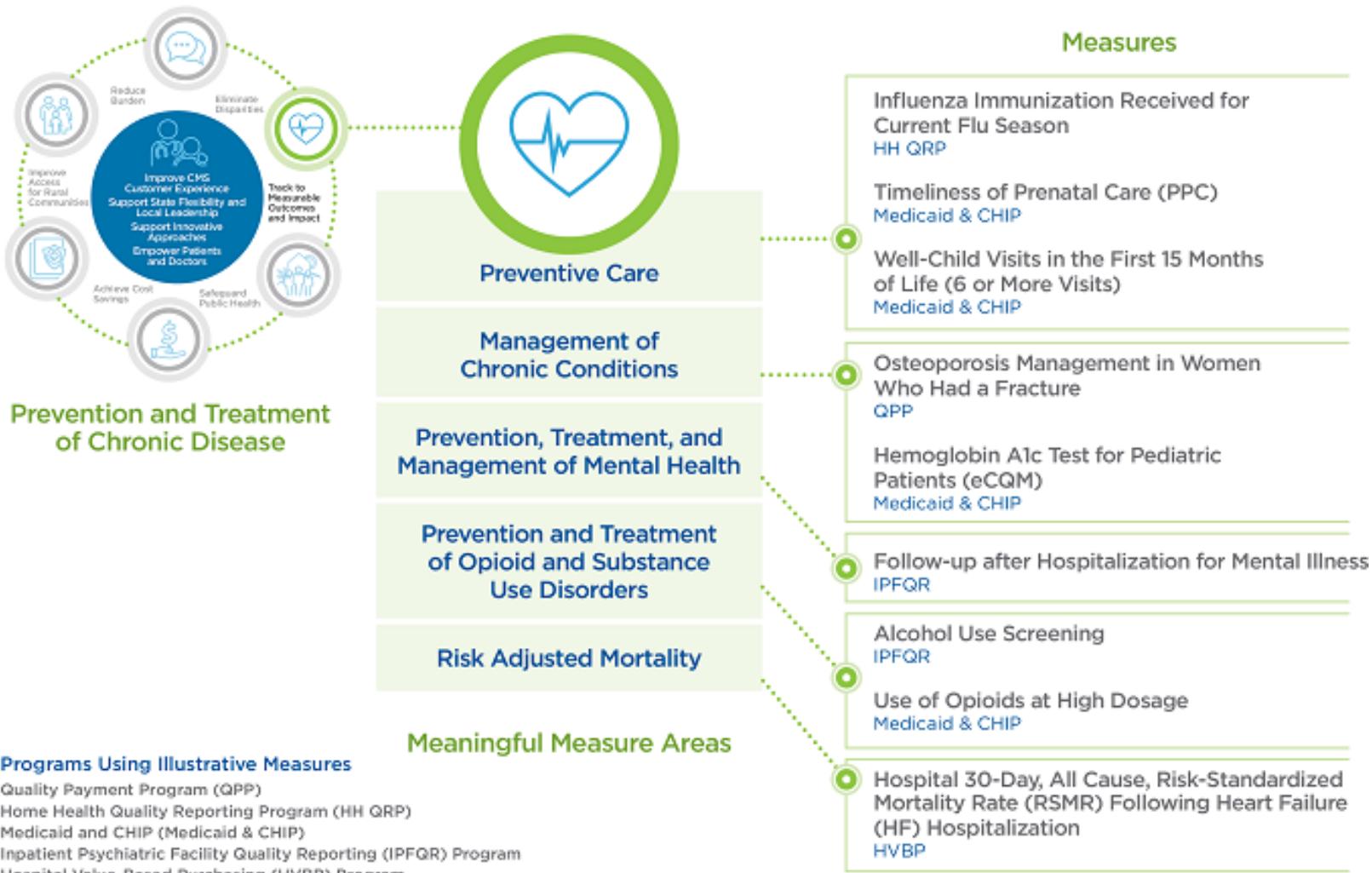
Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas

- Healthcare-Associated Infections
- Preventable Healthcare Harm



Aim: Promote Effective Prevention and Treatment of Chronic Disease



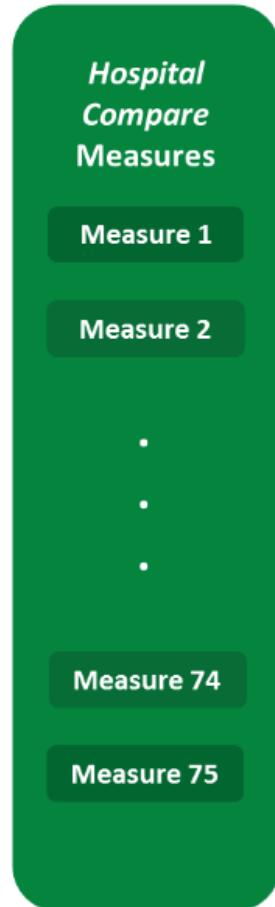
CMS STAR RATINGS



Star Ratings Development Steps

Step 1: Select Measures

Apply measure selection criteria each quarter



Step 2: Group Measures

Similar to HVBP and existing *Hospital Compare* display

Step 3: Calculate Group Score

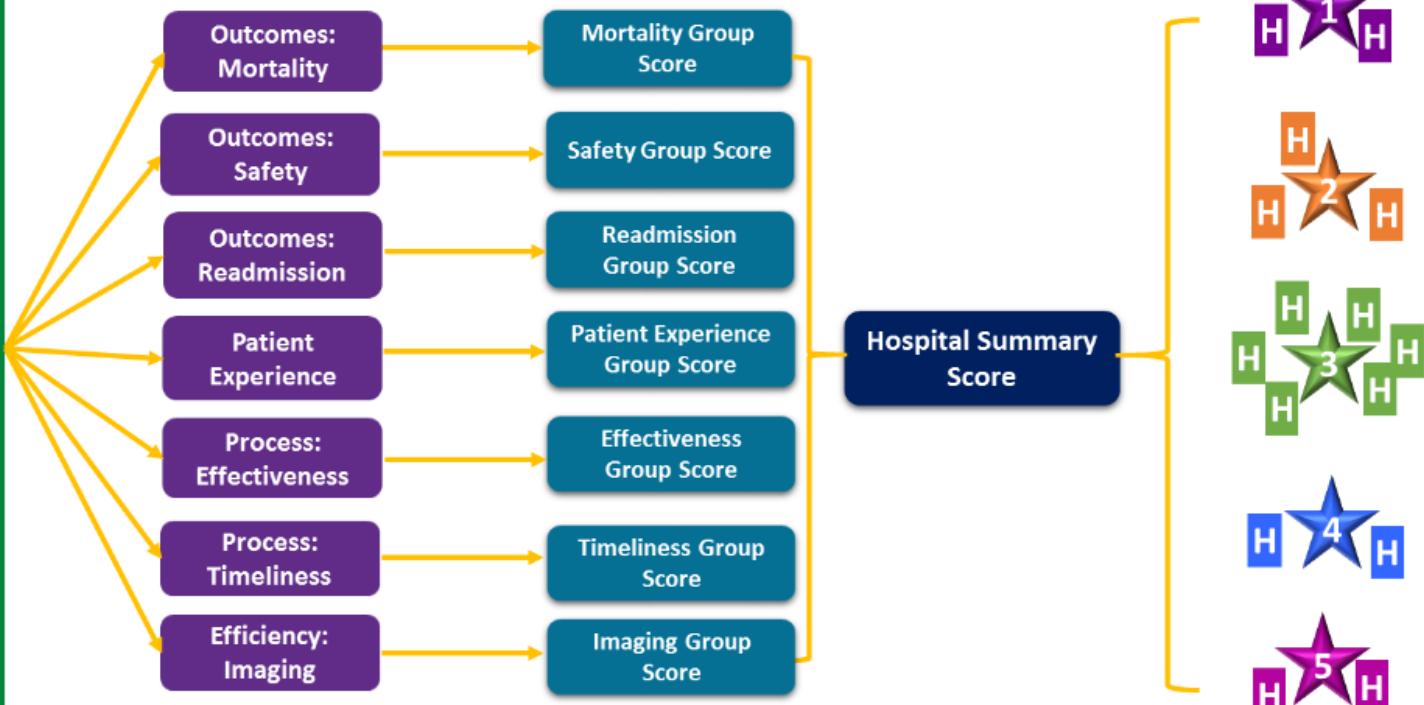
Use 7 latent variable models

Step 4: Generate Summary Score

Policy-based weighted average of available hospital group scores

Step 5: Assign Star Ratings

Categorize hospitals using k-means Cluster Analysis



Measure Group Score Results and Weights for the Overall Hospital Quality Star Rating

JOHN H STROGER JR HOSPITAL

Measure Group	Number of Potential Measures within Each Group [a]	Number of Measures for Your Hospital [b]	Your Hospital's Measure Group Weight [c]	Standard Measure Group Weight
Mortality	7	6	22.0%	22.0%
Readmission	9	7	22.0%	22.0%
Safety of Care	8	7	22.0%	22.0%
Patient Experience	10	10	22.0%	22.0%
Efficient Use of Medical Imaging	5	4	4.0%	4.0%
Timeliness of Care	7	5	4.0%	4.0%
Effectiveness of Care	11	8	4.0%	4.0%



Mortality

Measure ID	Measure Name	Stronger Result on Hospital Compare	National Mean	Comparison to National Mean
MORT-30-AMI	Myocardial Infarction	11.9%	13.2%	Better
MORT-30-COPD	Chronic Lung Disease	7.7%	8.4%	Better
MORT-30-HF	Heart Failure	10.8%	11.8%	Better
MORT-30-PN	Pneumonia	13.4%	15.9%	Better
MORT-30-STK	Stroke	12.8%	14.3%	Better
PSI-4-SURG-COMP	Death Rate Among Surgical Inpatients with Serious Treatable Complications	197.00	161.78	Worse
MORT-30-CABG	Coronary Artery Bypass Graft (CABG) 30-Day Mortality Rate	N/A	3.2%	--



Safety of Care

Measure ID	Measure Name	Stroger Result on Hospital Compare	National Mean	Comparison to National Mean
HAI-1	Central Line Associated Blood Stream Infection	0.84	0.783	Worse
HAI-2	Catheter Associated Urinary Tract Infection	0.538	0.857	Better
HAI-3	Surgical Site Infection from Colon Surgery (SSI-colon)	0.204	0.856	Better
HAI-4	Surgical Site Infection from Abdominal Hysterectomy (SSI-abdominal hysterectomy)	1.643	0.896	Worse
HAI-5	MRSA Bacteremia	0.841	0.886	Better
HAI-6	<i>Clostridium difficile (C.difficile)</i>	0.745	0.772	Better
COMP-HIP-KNEE	Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) ¹	N/A	2.6	-----
PSI-90	Patient Safety and Adverse Events Composite	1.32	0.99	Worse <small>14</small>

Readmissions

Measure ID	Measure Name	Stroger Result on Hospital Compare	National Mean	Comparison To National Mean
EDAC*-30-AMI	Myocardial Infarction	31.3	7.1	Worse
READM-30-COPD	Chronic Lung Disease	20.4%	19.6%	Worse
EDAC-30-HF	Heart Failure	3.3	4.5	Better
EDAC-30-PN	Pneumonia	39.9	4.7	Worse
READM-30-STK	Stroke	11.7%	11.9%	Same
READM-30-HOSP	Hospital-wide, all cause	16.9%	15.3%	Worse
OP-32	Facility Seven-Day Risk- Standardized Hospital Visit Rate after Outpatient Colonoscopy	15.5%	14.8%	Worse

*Excess days in acute care

Patient Experience

Measure ID	Measure Name	Stroger Measure Result on Hospital Compare	National Mean of Scores	Comparison To National Mean
H-CLEAN-HOSP	Cleanliness of Hospital	76	88	Worse
H-COMP1	Nurse Communication	85	91	Worse
H-COMP-2	Physician Communication	91	91	Same
H-COMP-3	Responsiveness of Hospital Staff	75	86	Worse
H-COMP-5	Communication about Medicines	71	79	Worse
H-COMP-6	Discharge Information	80	87	Worse
H-HSP-RATING	Overall Hospital Rating	86	88	Worse
H-QUIET-HOSP	Quietness Of Hospital Environment	77	82	Worse
H-COMP-7	Care Transitions	79	82	Worse
H-RECMND	Willingness To Recommend Hospital	86	88	Worse



Efficient Use of Medical Imaging

Measure ID	Measure Name	Stroger Measure Result on Hospital Compare (%)	National Mean (%)	Comparison to National Mean
OP-8	MRI Lumbar Spine for Low Back Pain	53.8	40.4	Worse
OP-10	Abdomen CT – Use of Contrast ¹	8.6	7.8	Worse
OP-11	Thorax CT – Use of Contrast ¹	0.1	2.2	Better
OP-13	Pre-operative Cardiac Imaging ²	2.0	4.4	Better
OP-14	Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT ³	N/A	0.9	-----



Timeliness of Care

Measure ID	Measure Name	Stroger Measure Result on Hospital Compare (min)	National Mean (min)	Comparison to National Mean
ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients	453	273	Worse
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	160	101	Worse
OP-1	Median Time to Fibrinolysis	TFH	TFH	
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department Arrival	TFH	TFH	
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	N/A	62	----
OP-5	Median Time to ECG	N/A	8	----
OP-18b/ED-3	Median Time from ED Arrival to ED Departure for Discharged ED Patients	241	142	Worse
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Professional	53	22	Worse
OP-21	ED-Median Time to Pain Management for Long Bone Fracture	32	50	Better

Effectiveness of Care

Measure ID	Measure Name	Stronger Measure Result on Hospital Compare	National Mean	Comparison to National Mean
OP-4	Aspirin on Arrival	N/A	95%	----
IMM-3/OP-27	Healthcare Personnel Influenza Vaccination	94%	87%	Better
OP-22	ED-Patient Left Without Being Seen	5%	2%	Worse
OP-23	ED-Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of Arrival	N/A	74%	----
OP-29	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	84%	87%	Worse
OP-30	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	100%	91%	Better
OP-33	External Beam Radiotherapy for Bone Metastases	N/A	86%	----
PC-01	Elective Delivery Prior to 39 Completed Weeks Gestation: Percentage of Babies Electively Delivered Prior to 39 Completed Weeks Gestation	0%	2%	Better
SEP-1	Severe Sepsis and Septic Shock	68%	51%	Worse
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism	2%	3%	Better

Measure Group Scores Summary

Measure Group	Number of Measures within Each Group	Number of Measures for Stroger	Stroger Measure Group Score	National Group Score	Comparison to National Average
Mortality	7	6	0.53	0.0005	Same
Readmission	9	7	-2.10	-0.06	Worse
Safety of Care	8	7	-2.05	-0.04	Worse
Patient Experience	10	10	-1.53	-0.001	Worse
Efficient Use of Medical Imaging	5	4	-0.12	0.005	Same
Timeliness of Care	7	5	-1.85	-0.02	Worse
Effectiveness of Care	11	6	-1.17	0.03	Worse

Outpatient Measurements

HEDIS Measures Domain



Safety and Quality Balanced Scorecard

Population Health

- Efficiency
 - Access
 - HEDIS
- Medical Home Network Connect



Patient Experience

- Willingness to recommend
- Communication
- Cleanliness
- Equity

Continual Readiness

- TJC
- IDPH
- CMS

Safety and Performance Improvement

- Mortality
- Readmissions
- Venous Thromboembolism
- Falls
- Pressure Ulcers
- Hospital Acquired Infections
- Diabetes mellitus type 2



QUALITY ACTION PLAN

Debra Carey, MS, FACHE

Deputy CEO, Operations

January 18, 2019



Quality Action Plan

Steering Committee

Care
Processes

Mortality

Patient
Experience

Readmissions

Documentation
and
Coding

Priority Measures Focus Workgroups

Activities/Principles/High Reliability Across All Settings
Inpatient, Ambulatory, Corrections

QUALITY STEERING COMMITTEE

Provides oversight for organizational success and drives accountability

Recommended
MEMBERS:

COOs(5), CQO, CMO, CNO, CFO, CLINICAL CHAIRS (3-4)

PRIORITIZE SPECIFIC MEASURES IN EACH DOMAIN FOR
FOCUS WORKGROUP

IDENTIFY MD/RN/ADMIN LEAD FOR FOCUS WORKGROUP

APPROVES CHARTER FOR EACH FOCUS WORKGROUP

DESIGNATES THE REPORTING TOOL TO BE USED BY
WORKGROUPS

Quality Measure Focused Finding Workgroup

Led by MD, RN, Administrator

Facilitated by
MD, RN,
Administrator

- Participants will be selected *OR* Existing
 - Committee(s) may be used
 - Engage functional areas as required

Charter
Defines Scope
of Work

- Corrective Actions Identified
- Metrics / Measures Identified
- Timeline Developed
- Completes Reporting Tool



COOK COUNTY
HEALTH

Quality Measure Focused Finding Workgroup

Led by MD, RN, Administrator

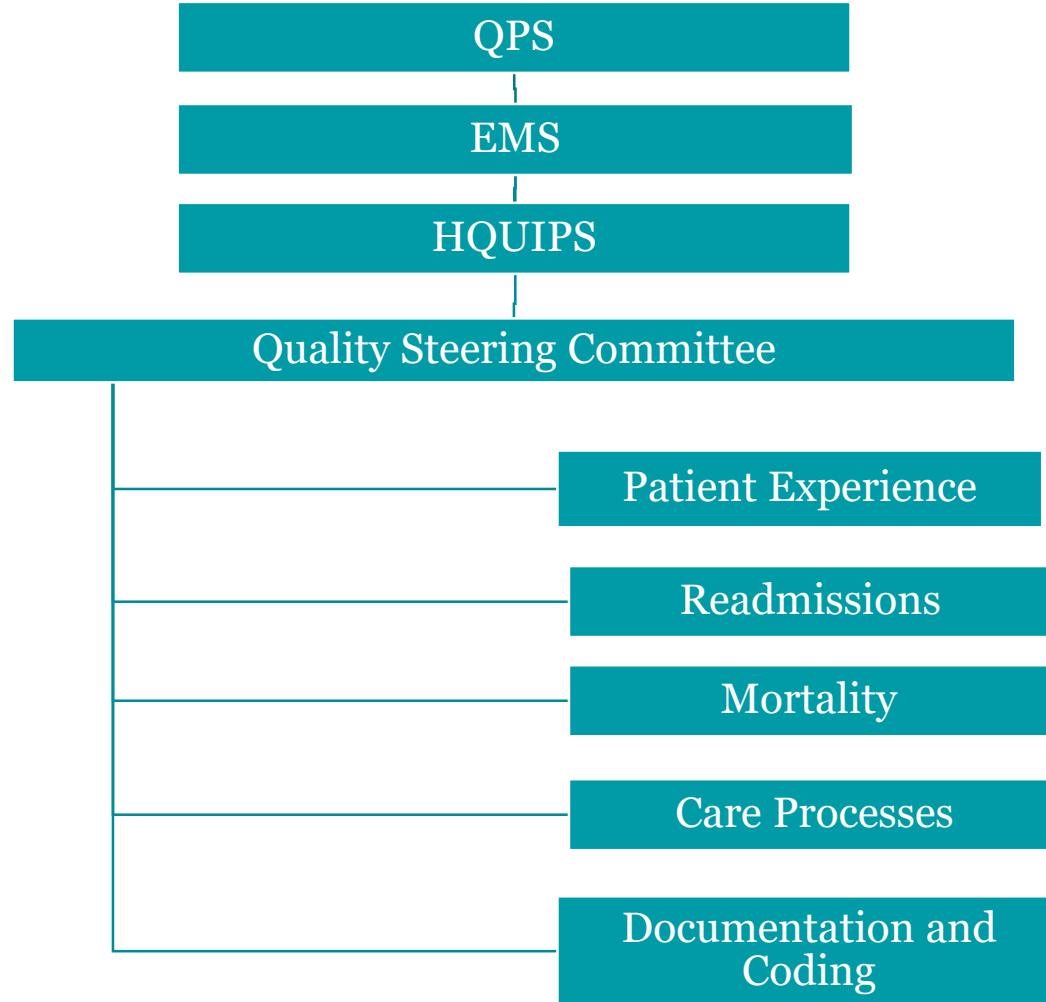
WORKGROUP APPROACH

- Use PDSA Methodology
- Balanced Scorecards w/ Reliable Data
- Uniform Process Across System

WORKGROUP TASKS

- Review / Change Policies
- Change Process / Practices
- Train Staff
- Track Progress for Measures of Success

Proposed Structure



NEXT STEPS

STEERING COMMITTEE

TEAMS NAMED BY *JANUARY 29, 2019*

FIRST MEETINGS WEEK OF *FEBRUARY 4, 2019*

ASSESS NEED FOR PROJECT MANAGEMENT SUPPORT

ASSESS DATA NEEDS AND DATA SOURCES

Questions

